\*INSERT LETTERHEAD HEADER INCLUDING LOGO\*

**(Note that these are guidelines for writing an applicant’s letter of recommendation, and not a template. Highlighted elements may be used for standard letter addressing.)**

Department & Division Issuer Name, Credentials

Issuer Position or Title

Street Address City, State Zip Code Phone: XXX-XXX-XXXX

Email: *jsmith@email.com*

INSERT CURRENT DATE

To whom it may concern:

It is my pleasure to recommend **FIRST NAME LAST NAME, CREDENTIAL** for the Certified Point-of-Care Professional Certification exam in **INSERT EXAM DATE**.

*Letters of recommendation should then speak to any of the following criteria:*

* ***The professionalism of the applicant.***
* ***The moral character of the applicant.***
* ***The applicant’s experiences in the development, oversight, implementation, and/or validation of point-of-care testing.***
* ***Personal accounts/examples of the applicant’s high-quality work.***
* ***Specific dates and/or timeframes for which you have witnessed the applicant’s professionalism or quality of work.***

Please feel free to contact me if you have any questions concerning **FIRST NAME LAST NAME.**

Sincerely,

\*Insert Signature\*

Issuer Name, Credentials. Issuer Position or Title

\*INSERT LETTERHEAD FOOTER\*